

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724367** (8)

1. Corporation Name
LAGOON VILLAS ASSOCIATION, INC.



Principal Place of Business: % AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND FL 32034
Mailing Address: % AMELIA ISLAND MANAGEMENT INC. 3000 FIRST COAST HWY AMELIA ISLAND FL 32034

3. Date incorporated or Qualified: **09/18/1972**
3a. Date of Last Report: **06/08/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: **59-1567340**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**AMELIA ISLAND MANAGEMENT
3000 FIRST COAST HWY.
AMELIA ISLAND FL 32034**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELMS, HARRIET	
STREET ADDRESS	1208 LAGOON VILLAS	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MADDOX, GUY	
STREET ADDRESS	109 MARION DR.	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JOSEPH S.	
STREET ADDRESS	2888 HABERSHAM RD. NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, JIM	
STREET ADDRESS	1213 LAGOON VILLAS	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HARRIS, DIANE	
STREET ADDRESS	1216 LAGOON VILLAS	
CITY-ST-ZIP	AMELIA ISLAND FL 32034	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lyons, Bonnie	
1.3 STREET ADDRESS	16 Riverbank CT	
1.4 CITY-ST-ZIP	New Canaan, CT	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Heuser, Noreen	
2.3 STREET ADDRESS	1213 Lagoon Villas	
2.4 CITY-ST-ZIP	Amelia Island, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gelbach, Myron	
3.3 STREET ADDRESS	6029 Joshua RD	
3.4 CITY-ST-ZIP	Fort Washington, PA 19034	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Harris, Diane	
5.3 STREET ADDRESS	1216 Lagoon Villas	
5.4 CITY-ST-ZIP	Amelia Island, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Maddox, Guy	
6.3 STREET ADDRESS	1231 Marion DR	
6.4 CITY-ST-ZIP	Fernandina Bch, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane M. Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)